

<i>SERFF Tracking Number:</i>	<i>AEGN-126173880</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42563</i>
<i>Company Tracking Number:</i>	<i>TGP-103 92022 AMEND</i>		
<i>TOI:</i>	<i>A02G Group Annuities - Deferred Non-variable</i>	<i>Sub-TOI:</i>	<i>A02G.001 Fixed Premium</i>
<i>Product Name:</i>	<i>TGP-103 92022 AMEND</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TGP-103 92022 AMEND

SERFF Tr Num: AEGN-126173880 State: Arkansas

TOI: A02G Group Annuities - Deferred Non-variable

SERFF Status: Closed-Approved-Closed
State Tr Num: 42563

Sub-TOI: A02G.001 Fixed Premium

Co Tr Num: TGP-103 92022 State Status: Approved-Closed
AMEND

Filing Type: Form

Reviewer(s): Linda Bird
Author: Debbie Brunson
Disposition Date: 06/08/2009
Date Submitted: 06/02/2009
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This is a single case filing and will not be used in state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/08/2009

Explanation for Other Group Market Type:

State Status Changed: 06/08/2009

Deemer Date:

Created By: Debbie Brunson

Submitted By: Debbie Brunson

Corresponding Filing Tracking Number:

Filing Description:

Re: Transamerica Life Insurance Company

NAIC # 86231-0468

FEIN: 39-0989781

Form No: TGC-103 92022 AMEND Amendment to Contract

<i>SERFF Tracking Number:</i>	<i>AEGN-126173880</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42563</i>
<i>Company Tracking Number:</i>	<i>TGP-103 92022 AMEND</i>		
<i>TOI:</i>	<i>A02G Group Annuities - Deferred Non-variable</i>	<i>Sub-TOI:</i>	<i>A02G.001 Fixed Premium</i>
<i>Product Name:</i>	<i>TGP-103 92022 AMEND</i>		
<i>Project Name/Number:</i>	<i>/</i>		

On behalf of Transamerica Life Insurance Company, we submit the above form for review and approval. This form will be implemented upon approval by the Department.

This form is submitted on a single-case basis and will not be issued in any other state.

Form TGC-103 92022 AMEND will be attach to form TGP-103 92022, which was previously approved on June 18, 2007 via SERFF. The SERFF Tracking number and State Tracking number for that filing is AEGN-125194967 and 36059 respectively.

We have included the following items in support of this filing:

1. Filing fees remitted via EFT
2. Any required certifications
3. A copy of the previously approved contract Application

Company and Contact

Filing Contact Information

Debbie Brunson, Contract Analyst	debbie.brunson@transamerica.com
1150 S. Olive St., T-09-09	800-319-7626 [Phone] 3768 [Ext]
Los Angeles, CA 90015	213-763-9779 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
1150 S. Olive Street, T-09-09	Group Code: 468	Company Type: Life
Los Angeles, CA 90015	Group Name: TLIC	State ID Number:
(800) 319-7626 ext. 3768[Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 endorsement at \$20.00 = \$20.00
Per Company:	No

SERFF Tracking Number: *AEGN-126173880* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *42563*
Company Tracking Number: *TGP-103 92022 AMEND*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.001 Fixed Premium*
Product Name: *TGP-103 92022 AMEND*
Project Name/Number: */*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	06/02/2009	28261517

SERFF Tracking Number: AEGN-126173880 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 42563
Company Tracking Number: TGP-103 92022 AMEND
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.001 Fixed Premium
Product Name: TGP-103 92022 AMEND
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/08/2009	06/08/2009

SERFF Tracking Number: *AEGN-126173880* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *42563*
Company Tracking Number: *TGP-103 92022 AMEND*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.001 Fixed Premium*
Product Name: *TGP-103 92022 AMEND*
Project Name/Number: /

Disposition

Disposition Date: 06/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGN-126173880 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 42563

Company Tracking Number: TGP-103 92022 AMEND

TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.001 Fixed Premium

Product Name: TGP-103 92022 AMEND

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	NAIC Transmittal		Yes
Form	Amendment to Contract		Yes

SERFF Tracking Number: AEGN-126173880 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 42563

Company Tracking Number: TGP-103 92022 AMEND

TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.001 Fixed Premium

Product Name: TGP-103 92022 AMEND

Project Name/Number: /

Form Schedule

Lead Form Number: TGP-103 92022 AMEND

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TGP-103 92022 AMEND	Policy/Cont Amendment to ract/Fratern Contract al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	TGP-103 92022-AMEND.pdf



Transamerica Life Insurance Company

A Stock Company

Home Office: Cedar Rapids, IA

Administrative Office: 1150 South Olive Street,

Los Angeles, CA 90015

Amendment to Contract

Contract Number: TGP-103 92022

Amendment Effective Date: _____

The Contract is hereby amended to add Section 4A to the Contract as follows:

SECTION 4A

SUSPENSION OF PAYMENTS

4A.01 SUSPENSION OF PAYMENTS. Upon receipt of written notice from the Contractholder that a Participant has returned to full-time employment with the Employer after an Actual Commencement Date, we will suspend payments to the Participant. We must receive such notice no later than the 15th day of the month immediately preceding the month in which suspension of payments is to commence. We will continue to suspend payments until we receive notice to recommence payments. Such notice must be received no later than the 15th day of the month immediately preceding the month in which payments are to recommence. The Participant's suspended payments will be paid monthly to the Contractholder during the Participant's period of suspension.

If a Participant whose payments have been suspended dies before his or her payments recommence, the benefit payable, if any, will be to the Participant's Contingent Annuitant or Joint Annuitant, or Beneficiary, if any, as provided under the Annuity Form in effect and as described in Section 6.03.

In no event, however, may a Participant's payments be suspended after April 1st of the calendar year following the calendar year in which he or she attains age 70½.

This Amendment is part of the Contract as of the Amendment Effective Date and shall not otherwise change, alter or amend the Contract except as stated herein. Signed by Transamerica Life Insurance Company on the Amendment Effective Date:

Brenda Clancy, President

Craig D. Vermie, Secretary

Accepted and attached to the contract at: _____

City/State

Date

CONTRACTHOLDER: As shown in the Contract to which this Amendment is attached.

By: _____

By: _____

Title: _____

Title: _____

SERFF Tracking Number: AEGN-126173880 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 42563
Company Tracking Number: TGP-103 92022 AMEND
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.001 Fixed Premium
Product Name: TGP-103 92022 AMEND
Project Name/Number: /

Supporting Document Schedules

Item Status: Status
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

ReadabilityCert 92022 Amend.pdf
Cert of Comp Reg 19 TGP-103 92022 AMEND AK.pdf
Arkansas Other Cert 92022 Amend.pdf

Item Status: Status
Date:

Satisfied - Item: Application

Comments:

The attached application was approved June 18, 2007 under SERFF and State tracking numbers AEGN-125194967 and 36059 respectively. This application is used with the contract to which form TGP-103 92022 AMEND will attach.

Attachment:

92022 JHA Application DOI.pdf

Item Status: Status
Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: This does not apply.

Comments:

Item Status: Status
Date:

Satisfied - Item: NAIC Transmittal

Comments:

Attachment:

NAIC Transmittal 92022 Amend JHA.pdf

**ARKANSAS
CERTIFICATION
OF
READABILITY**

Transamerica Life Insurance Company hereby
INSURER

certifies that this filing complies with the Arkansas readability requirements
via the exemption under 23-80-204 (b)(3).



Signature

Associate Vice President

Type name and title. (Must be an Officer.)

May 29, 2009

Date

Policy Form Number:

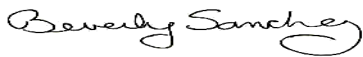
TGP-103 92022 AMEND

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Transamerica Life Insurance Company

Form Number(s): TGP-103 92022 AMEND

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Beverly Sanchez

Name

Associate Vice President

Title

June 1, 2009

Date

ARKANSAS CERTIFICATION

Transamerica Life Insurance Company hereby
INSURER

certifies. that this filing complies with the Arkansas requirements under
Rule and Regulation 49, and the requirements under ACA 23-79-138 and
Bulletin 11-88.



Signature

Associate Vice President

Type name and title. (Must be an Officer.)

May 29, 2009

Date

Policy Form Number:

TGP-103 92022 AMEND

TRANSAMERICA LIFE INSURANCE COMPANY

Administrative Office: Los Angeles, California

APPLICATION FOR AND ACCEPTANCE OF GROUP ANNUITY CONTRACT

Jefferson Hospital Association, Inc.
(Applicant and Contract Holder)

hereby applies for and accepts Group Annuity Contract No. 92022. The Contract, a copy of which is attached and of which this Application is made a part, has been approved and the terms thereof are hereby accepted.

It is understood and agreed that this Application supersedes any Application for this Contract previously signed by the Contract Holder on the date this "Application for and Acceptance of Group Annuity Contract" is signed by the Contract Holder or the date on which the Group Annuity Contract is executed by the Company, whichever is the later date.

Signed in _____ on _____, _____.

Jefferson Hospital Association, Inc.
(Applicant and Contract Holder)

By _____

Title _____

By _____

Title _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Transamerica Life Insurance Company 1150 S. Olive Street Los Angeles, CA 90015	Iowa	Life, Health, Annuities	468	86231	39-0989781	1538

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Debbie Brunson Transamerica Life Insurance Co. 1150 S. Olive Street, T-09-09 Los Angeles, CA 90015	800-319-7626, Ext. 3768	213-763-9779	debbie.brunson@transamerica.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	TGP-103 92022 AMEND
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Group</div> <div style="width: 55%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>
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9.	Type of Insurance (TOI)	A02G
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10.	Sub-Type of Insurance (Sub-TOI)	A02G.001
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div> </div>
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		<input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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LHTD-1, Page 1 of 2

12.	Filing Submission Date	June 2, 2009	
13.	Filing Fee (If required)	Amount <u>\$20.00</u>	Check Date <u>N/A</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>N/A</u>
14.	Date of Domiciliary Approval	N/A - Single case filing will not be filed in domicile.	
15.	Filing Description:		

Re: Transamerica Life Insurance Company
NAIC # 86231-0468
FEIN: 39-0989781

Form No: TGC-103 92022 AMEND Amendment to Contract

On behalf of Transamerica Life Insurance Company, we submit the above form for review and approval. This form will be implemented upon approval by the Department.

This form is submitted on a single-case basis and will not be issued in any other state.

Form TGC-103 92022 AMEND will be attached to form TGP-103 92022, which was previously approved on June 18, 2007 via SERFF. The SERFF Tracking number and State Tracking number for that filing is AEGN-125194967 and 36059 respectively.

We have included the following items in support of this filing:

1. Filing fees remitted via EFT
2. Any required certifications
3. A copy of the previously approved contract Application

If you have any questions, please contact me at 800-319-7626, Ext. 3768 or by e-mail at debbie.brunson@transamerica.com. Thank you.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Debbie L. Brunson Title Contract Analyst

Signature



Date: May 29, 2009

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		TGP-103 92022 AMEND
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Amendment to Contract	TGP-103 92022 AMEND	<input checked="" type="checkbox"/> Initial	
	Amendment to Contract		<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1